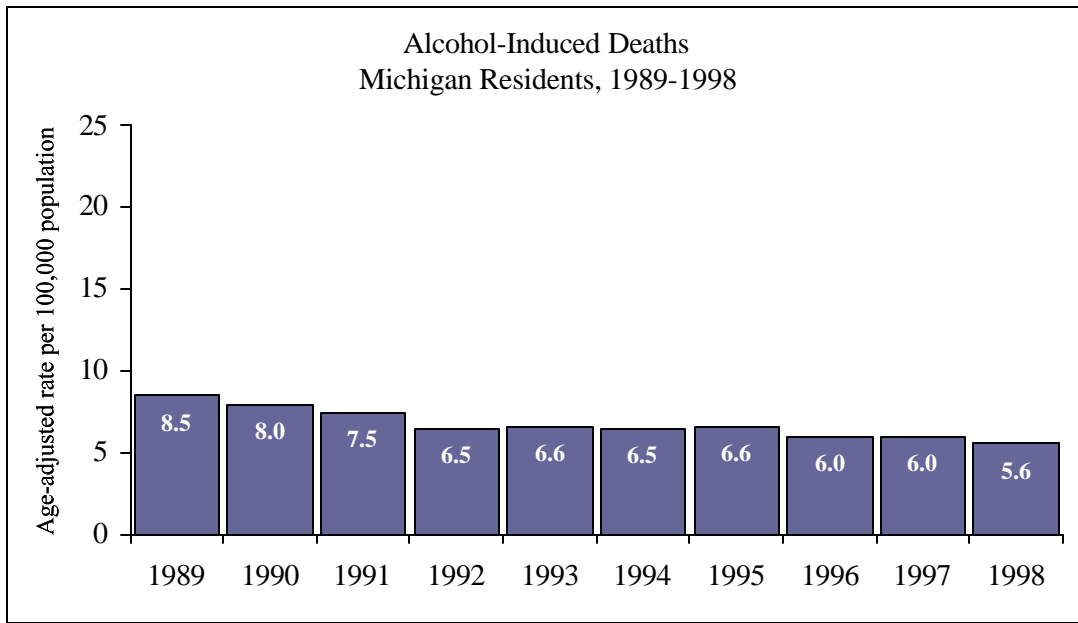


Focused Indicators

Morbidity and Mortality

Alcohol-Induced Deaths



Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

Alcohol-induced mortality includes deaths due to alcohol psychoses and dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning. It does not include deaths due to traumatic injury, such as motor vehicle crashes. The health effects of alcohol abuse and dependency are significant. These effects are difficult to measure directly because the health problems associated with alcohol are often also associated with other diseases. In addition, the social stigma associated with alcohol abuse may lead to denial of alcohol abuse or dependency as a causal factor. One measure of the impact of alcohol abuse on health is the extent of alcohol-induced deaths.

In 1998, there were 641 deaths induced by alcohol in Michigan. The age-adjusted rate for alcohol-induced mortality was 5.6 per 100,000 population. This represents a 34 percent reduction in the rate of death since 1989.

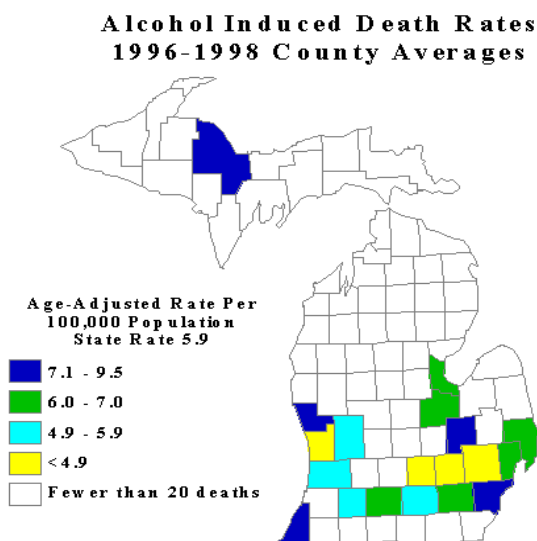
How does Michigan compare with the U.S.?

Michigan's 1997 age-adjusted alcohol-induced mortality rate of 6.0 was similar to the U.S. rate of 6.3.

How are different populations affected?

The prevalence of problem drinking is highest in the 18-29 year-old age group. The rate of alcohol-induced deaths peaks for 55-64 year-olds (20.2 in 1998) and then tapers off.

In 1998, the rate of alcohol-induced deaths in Michigan was 70 percent higher for African Americans (9.0) than for whites (5.2).



Michigan men (9.0) were over three times more likely than women (2.5) to die of alcohol-induced causes. However, women develop cirrhosis of the liver at a much lower cumulative dose of alcohol than do men and women remain at increased risk of disease progression even after abstinence. The death rate among women alcoholics is higher than among male alcoholics because of their increased risk for suicide, alcohol-related accidents, cirrhosis, and hepatitis.

What other information is important to know?

Alcohol contributes to 100,000 U.S. deaths annually, making it the third leading cause of preventable mortality after tobacco and diet and activity patterns.

The victims of alcohol abuse and dependency extend far beyond the individuals who actually engage in the behavior. Alcohol abuse and dependency is associated with infant mortality and morbidity, traffic fatalities, domestic violence, and many other health conditions that lead to disability and death.

What is the Department of Community Health doing to affect this indicator?

The department is actively working to decrease morbidity and mortality due to alcohol abuse by funding substance abuse treatment services throughout the state. A radio show on **The Older Problem Drinker** was broadcast through 18 local radio programs to draw attention to the problem of alcohol abuse among the elderly.

The department also supports programming that focuses on changing community norms around alcohol use, reducing underage drinking, and reducing the number of alcohol related crashes. Programs such as the Michigan Coalition to Reduce Underage Drinking (MCRUD), a coalition of prevention partners,

focus on underage drinking issues through grant awards and support of eight local coalitions. A new advertising campaign is aimed at educating college students on the dangers of binge drinking. A campus mentoring program emphasizes an alcohol and drug-free approach to campus life. Work site coordination focuses on substance abuse and traffic safety issues targeting 18-21-year-old workers not in school.

The department collects data on the frequency of consumption of alcoholic beverages, binge drinking, and drinking and driving by Michigan adults. This information is obtained through the Michigan Behavioral Risk Factor Surveillance System and other research activities.

Last updated: February 2000.